

114600139628

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000172645 3)))



H180001726453ABC1

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : HILL WARD HENDERSON  
Account Number : 072100000520  
Phone : (813) 221-3900  
Fax Number : (813) 200-5995

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

RECEIVED

2018 JUN -7 PM 4:21

FLORIDA  
DIVISION OF  
COMMERCIAL  
REGISTRATION  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.**

**Play Ball FL Tyrone Opco LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUN -7 PM 1:54

APPROVED  
AND  
FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H18000172645 3)))

**ARTICLES OF ORGANIZATION  
OF  
PLAY BALL FL TYRONE OPCO LLC**

The undersigned executes these Articles of Organization of PLAY BALL FL TYRONE OPCO LLC to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act:

**ARTICLE I. NAME**

The name of the limited liability company is: PLAY BALL FL TYRONE OPCO LLC.

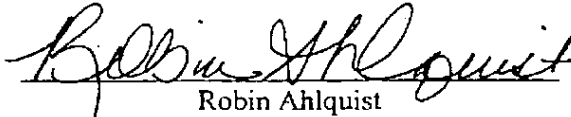
**ARTICLE II. ADDRESS**

The mailing and street address of the principal office of the limited liability company is 4343 Anchor Plaza Parkway, Suite 1, Tampa, Florida 33634.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the limited liability company is 4343 Anchor Plaza Parkway, Suite 1, Tampa, Florida 33634, and the name of the limited liability company's initial registered agent at that address is Robin Ahlquist.

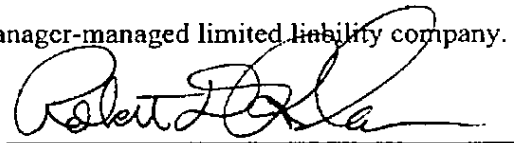
*Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Robin Ahlquist

**ARTICLE IV. MANAGEMENT OF COMPANY**

The limited liability company is a manager-managed limited liability company.

EXECUTED: June 7, 2018

  
Robert Basham,  
Authorized Representative of the Member

18 JUN 07 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

((H18000172645 3)))